

Michigan Supported Education Program Application

The Michigan Supported Education Program (MSEP) offers academic services to mental health consumers to help them prepare for a college education. MSEP helps consumers to become successful students by completing educational tasks, mapping out educational and career goals, and coping with specific problems related to mental illness in an educational setting.

Eligibility:

1. Have been diagnosed with a mental illness
2. Have a high school diploma or a general equivalency diploma (GED)
3. Are a Wayne County resident
4. Are 18 or older
5. Are active with a Wayne County mental health program

Submit application via fax or mail.

FAX to:

Michigan Supported Education Program
313-389-2956
Attn: Maria Yoo

Mail to:

Michigan Supported Education Program
Attn: Maria Yoo
26184 W. Outer Dr.,
Lincoln Park MI 48146

Applicant must complete this application themselves.

GENERAL INFO

First Name Last Name Male Female

Street Address City State Zip

(_____) _____ - _____
Phone Birthdate (MM/DD/YYYY) Social Security Number

Are you currently employed? Yes No If yes, how many hours per week? _____

Do you have a guardian? Yes No

Race (optional): African American Caucasian Hispanic/Latino Arab American Asian Other _____

MENTAL HEALTH

Are you currently receiving mental health services? Yes No

Agency you visit most frequently: _____ (_____) _____
Agency Name Phone

Agency contact: _____
Name Title

Please check all the mental health programs you participate in:

- Club House AFC Outpatient ACT Supported Employment
 Other _____



EDUCATION HISTORY

Do you have a high school diploma? Yes No

If no, do you have a General Equivalency Diploma (GED)? Yes No

If no, are you working to obtain a General Equivalency Diploma (GED)? Yes No

Have you previously attended college? Yes No

If yes, what was the last year you completed? Freshman/1yr Sophomore//2yrs Junior/3yrs Senior/4yrs

Did you obtain a degree or certificate from college? Yes No If yes, list degree _____

Do you have unpaid student loans in default? Yes No If yes, please explain _____

Who referred you to MSEP?

Name Organization

Have you previously applied/participated in MSEP? Yes No I am a MSEP graduate

Emergency Contact:

First Name Last Name (_____) _____ - _____
Phone

Street Address City State Zip

Briefly explain why you want to participate in MSEP.



**For more information
contact Michigan Supported
Education coordinator,
Maria Yoo.**

Email: myoo@comcareserv.org

Phone: 313-389-7500

Web: www.comcareserv.org

Applicant Name Date / / _____

We will contact you as soon as possible regarding your application.